


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 19, 2004 08:00 AM
Secretary of State

DOCUMENT # S67733 1. Entity Name DSZ CORPORATION, INC.	
---	---

Principal Place of Business 10748 N SARASOTA DR COOPER CITY, FL 33026	Mailing Address 10748 N SARASOTA DR COOPER CITY, FL 33026
---	---

DO NOT WRITE IN THIS SPACE



01272004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0273442	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DAVIN CARL D.
10748 N. SARASOTA DRIVE
COOPER CITY, FL 33026

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

U00000058347
02/20/04-80026-002 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD DAVIN, CARL 10748 N. SARASOTA DRIVE COOPER CITY, FL
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D ZUBRIK, NADJA 10748 N. SARASOTA DRIVE COOPER CITY, FL
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D ZUBRIK, ALFONZ 10748 N. SARASOTA DRIVE COOPER CITY, FL
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VD SKRABUT, PAUL 10748 N. SARASOTA DRIVE COOPER CITY, FL
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	ST DAVIN, LISA 10748 N. SARASOTA DRIVE COOPER CITY, FL
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **CARL DAVIN** X 2/15/04 X 954.438.0279
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #